



State of Idaho Emergency Medical Services Bureau Provider Application Form | State of Idaho Emergency Medical Services Bureau | Provider Application Form | EMT-1

| Level Applied For: First Responder EMT-Basic Advanced EMT-A (\$35.00 fee) EMT-Paramedic (\$35.00 fee) | | | |
|--|-----------------------------------|-------------------------------|--|
| Type: Initial Recertification (\$25.00 fee for AEMT-A and EMT-P) Reinstatement Reversion Ambulance Rating (complete back) Reciprocity | | | |
| Applicant Information: | | | |
| Social Security # | Date of Birth / / | Drivers License # | DL State |
| Name | | | Gender F M |
| Last Name | First Name | Middle Name/Initial | |
| Mailing Address | | | |
| City | State | Zip County _ | |
| Home Phone # | Work Phone # | E-Mail | _ |
| Circle the highest level of education: | GED High School Diploma | College: 1 2 3 4 5 6 7 8 | |
| Affiliation: Agency Name Agency License # | | | |
| Agency Chief/Director/President | | | |
| Signature Printed Name Additional Licensed EMS Affiliations: | | | |
| Check all circumstances in which you will use this certification: <u>Volunteer</u> <u>Career</u> | | | |
| ☐ True ☐ Full Time | | | |
| | Com | pensated Part Time | |
| Applicant Signature: | | | |
| I hereby affirm the information herein is true and correct, and that I meet all requirements for EMS certification as established by the State of Idaho. | | | |
| Signature of Applicant | | Date signed | |
| | | | |
| For Bureau Use Only Original Date Received in RO Original Date Received in C&L FR/RASIC | | | |
| Original Date Received in RO | CHC Scan Date (PROV) | Original Date Received in C&L | FR/BASIC |
| | CHC Complete Date (FULL) | | Test Date: Expiration: 06/01-11/01 12/31/2004 |
| | Course # | | 12/01-05/02 06/30/2005 06/02-11/02 12/31/2005 12/02-05/03 06/30/2006 |
| | NR Written Date NR Practical Date | | 06/03-11/03 12/31/2006 |
| | Ambulance Rating (if AEMTA) | | 06/04-11/04 12/31/2007 |
| | Date Included | | 12/04-05/05 06/30/2008 06/05-11/05 12/31/2008 |
| Received in RO Complete | Cert. Fee Rcvd Date | Received in C&L Complete | 12/05-05/06 06/30/2009 |
| | Approval Date/Initial | | ADV/PAR |
| | Entered into Database | | Test Date: Expiration: |
| | Date Sent to CO | | 12/01-11/02 06/30/2004 12/02-11/03 06/30/2005 |
| | Previous ID State Certification | | 12/03-11/04 06/30/2006 12/04-11/05 06/30/2007 |
| | | | 12/05-11/06 06/30/2008 |